

Name
in Full

Bora Marion Adams

CERTIFICATE OF DEATH

New Cumberland Alleg

MARYLAND

Date of death 1909 Sept 12 Age 37 Months 1 Days

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Robert F Adams

Father's Name Lute Long Father's Birthplace Md

Mother's Maiden Name Felle Stottler Mother's Birthplace Md

Name of person giving Information R. F. Adams How related to deceased Husband

CAUSES OF DEATH

Primary Typhoid fever How long 14 days
Immediate Exhaustion How long Several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. N. Wilson.
Cumberland
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Emory E Battensfield

Town *Flintstone* County *allergany* MARYLAND

Died at *Flintstone*

Date of death 190 *9* Month *9* Day *17* Age *33* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Merchant* Where Residing if not at place of death *Flintstone*

Married, Single or Widowed *Married* Name of Wife or Husband *Agnes Rabinett*

Father's Name *A H Battensfield* Father's Birthplace *Pa*

Mother's Maiden Name *M E Sullivan* Mother's Birthplace *MD*

Name of person giving Information *D W Rabinett* How related to deceased *Fat Fair*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 years*

Immediate *Mitral insufficiency* How long *2 week*

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician *A. P. Twigg* Address *Flintstone MD*

Accident or Suicide *Flintstone*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edna May Beckwith
Town Cumberland County
Died at Alleg.
Date of death 1909 Sept 8
Month Day Years
Age —
Months 6
Days —

MARYLAND

Sex Female Color or Race Colored Birth-place Cundt.
Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Luther Wright

Father's Birthplace Md

Mother's Maiden Name Lola Beckwith

Mother's Birthplace W. Va

Name of person giving Information Will Wilson

How related to deceased Uncle

CAUSES OF DEATH

105

Primary Cholera infantum 2 mos.
How long

Immediate Exhaustion 2 wks.
How long

Are the name, age, sex, color, date and place correctly given above?

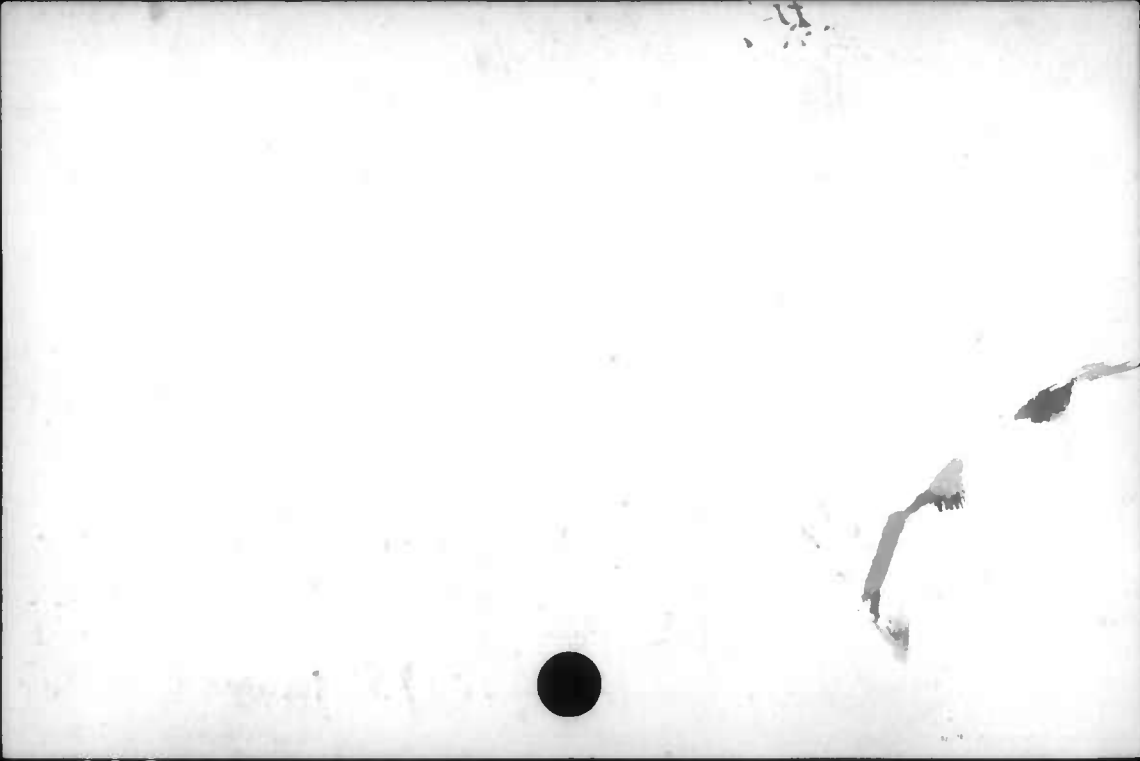
Yes

Signature of Physician

Shurgeon Spence
Address 104 N. Mechanic

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Genie Bennett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Georgetown Hospital ^{County} Canal Road D.C. ^{State} MARYLAND

Date of death 1909, ^{Month} Sept. ^{Day} 24th ^{Years} Age 16 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland.

Occupation School Girl ^{Where Residing if not at place of death} Canal Road D.C.

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Joseph Meade ^{Father's Birthplace} Williamsport Md.

Mother's Maiden Name Nord Troup ^{Mother's Birthplace} Conococheague Md.

Name of person giving Information H. L. Troup. ^{How related to deceased} Uncle.

CAUSES OF DEATH

Primary Typhoid Fever. ^{How long} Ten days.

Immediate Asthenia ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician M. J. Ready. M.D.
^{Address}

PHYSICIAN
OR CORONER

Accident or Suicide

J. C. Hershberger. Sub Registrar
Local Board of Health. Williamsport. Md. SUPPLY CO. 2364

interred by J. F. Knepps.
Undertaker. in River-
View Cemetery. Williamsport
Md. Sept. 27th 1904.

Name
in
Full

Ellen Birmingham

CERTIFICATE OF DEATH

Died at *Bumld.* Town *Alleg.* County

MARYLAND

Date of death 1909 Sept 6 Age 78 Months - Days -

Sex Female Color or Race White Birth-place Ireland

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Daniel Birmingham*

Father's Name *Dont* *Known* Father's Birthplace *D K*

Mother's Maiden Name *Dont* *Known* Mother's Birthplace *D K*

Name of person giving Information *John Birmingham* How related to deceased *Son*

CAUSES OF DEATH

Primary *General Debility due to age* How long *4 or 5 days*
Immediate *& haematuria* How long

Are the name, age, sex, color, date and place correctly given above?

Steu.

Signature of Physician

Thos. H. Lewis

Address

*Summerville, Md.
Kear*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154

Maggie Cecil Washington Pa
Jess Birmingham Pitts Pa
Kate " " City.
John " " "
James " " Washington Pa

Died at 11 40 at her res
24 Orchard St funeral

Name
in
Full

CERTIFICATE OF DEATH

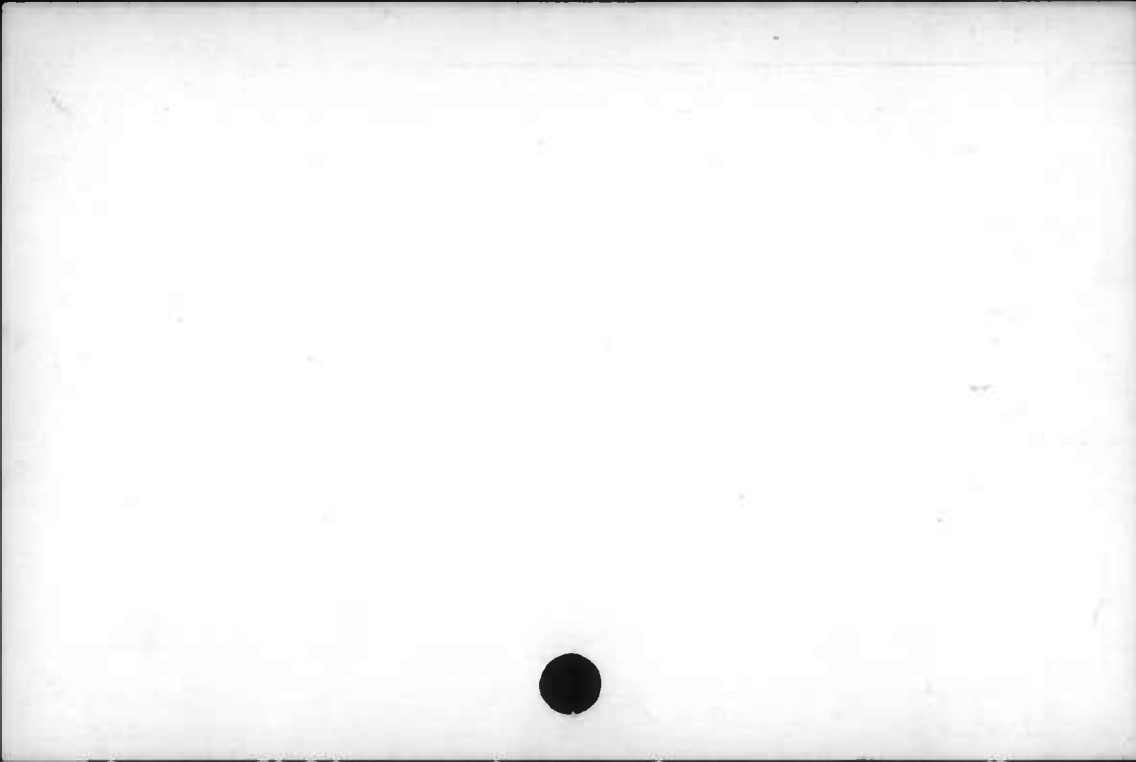
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept.	20	52		—	—
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	None		Where Residing if not at place of death		—		
Married, Single or Widowed	Married		Name of Wife or Husband		Katie Marrie		
Father's Name	Willy Buecy				Father's Birthplace	Md.	
Mother's Maiden Name	Stesie Shaw				Mother's Birthplace	Md.	
Name of person giving Information	Lillian Smallwood				How related to deceased	Sister in-law	

CAUSES OF DEATH

Primary	Carcinoma of Stomach	How long	40
Immediate	Exhaustion	How long	10 hrs
Are the name, age, sex, color, date and place correctly given above?	ye	Signature of Physician	E. L. Broadbent M.D.
Stein		Address	Cumtland Md.
Accident or Suicide	W		

PHYSICIAN
OR CORONER



Name
in
Full

Sarah E. Bolt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cumberland		Allegany					
Date of death	Month	Day	Age	Years	Months	Days	
1909	Sept	6	74		3	21	
Sex	Color or Race	Birth-place					
Female	White	Watsonstown Pa.					
Occupation	Where Residing if not at place of death						
Retired Housewife	Cumberland Md.						
Married, Single or Widowed	Name of Wife or Husband						
Widow	Henry A. Bolt.						
Father's Name	Father's Birthplace						
Peter Keefer.	Penna.						
Mother's Maiden Name	Mother's Birthplace						
Sarah Long.	Penna.						
Name of parson giving information	How related to deceased						
H. C. Rich.	Grandson.						

CAUSES OF DEATH

Primary	Apoplexy	How long	64	5 days
Immediate	Exhaustion	How long		48 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
	Address			
	Cumby	Md		
Accident or Suicide	Y.S.B.			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

C. J. Crawford Jr.
 Died at *Cumtland* County *Allegheny* MARYLAND
 Date of death 1909 *Sept* *28* Age *9* Months *2* Days
 Sex *Male* Color or Race *White* Birth-place *Elkins Wv*
 Occupation *None* Where Residing if not at place of death *-*
 Married, Single or Widowed *Single* Name of Wife or Husband *-*
 Father's Name *C. J. -* Father's Birthplace *Hayshert Co. Va*
 Mother's Maiden Name *Alphazetta Hirsman* Mother's Birthplace *Neslonport*
 Name of person giving Information *C. J. Crawford* How related to deceased *Father*

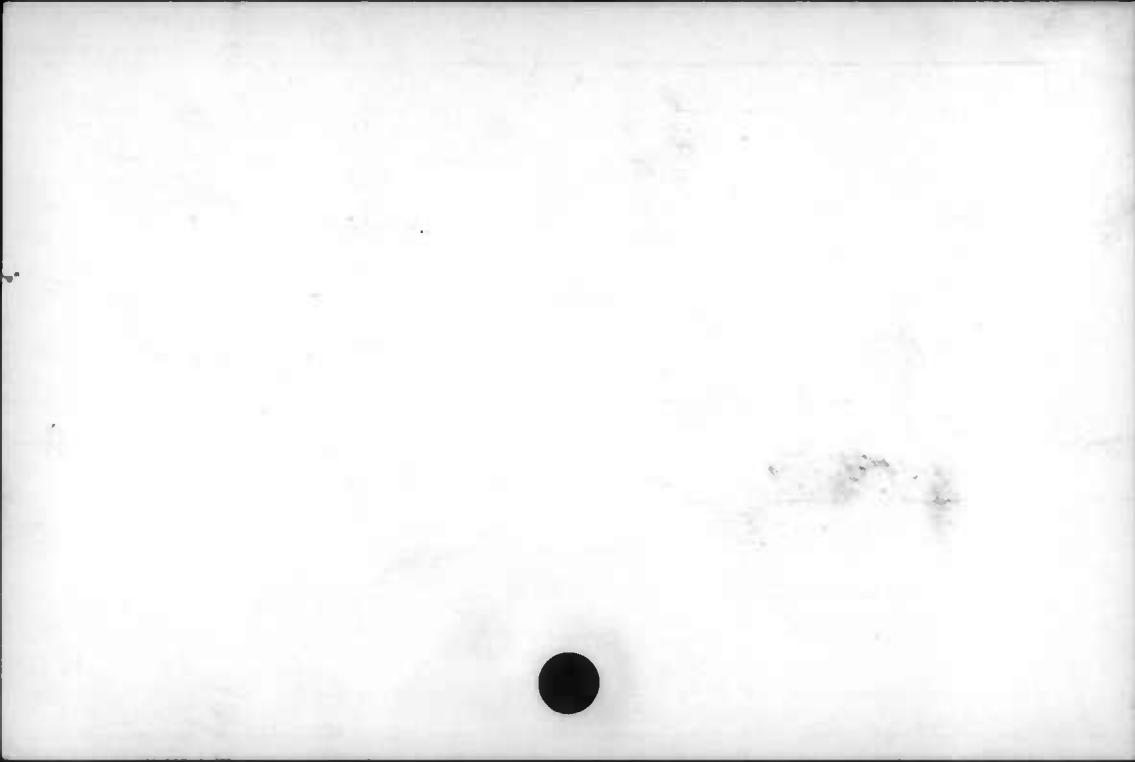
CAUSES OF DEATH

72

Primary *Fracture Compound Arm* How long *10 days*
 Immediate *Tetanus, Convulsions* How long *24 hours*
 Are the name, age, sex, color, date and place correctly given above *Yes*
 Signature of Physician *J. F. Twigg*
 Address *Cumtland Md*
 Accident or Suicide *-*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lena F Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

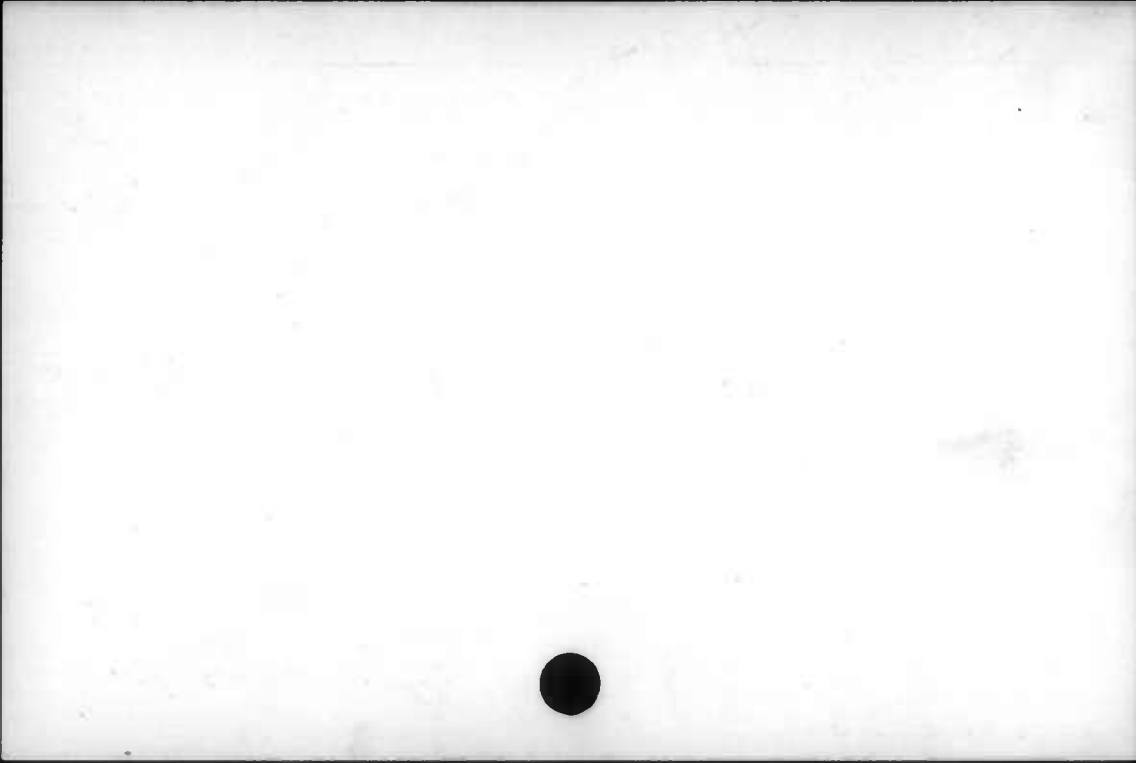
Died at <u>Chamberland</u>		County <u>Allegany</u>		MARYLAND	
Date of death	Month <u>Sept</u>	Day <u>22</u>	Years <u>23</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>W. Va</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Linn Davis</u>				
Father's Name <u>James Blingan</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Amanda Harned</u>	Mother's Birthplace <u>W. Va</u>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <u>Collapsed Uteri + Child birth</u>	How long <u>One month</u>
Immediate <u>Peritonitis</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J L Owens M.D.</u>
<u>Stein.</u>	Address <u>Chamberland W. Va</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Infant of Mrs L. F. Davis

County

MARYLAND

Died at Cumberland alley

Date of death 1909 Sept 16 Age 1 Months 1 Days

Sex Female Color or Race White Birth-place Cumberland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name L F Davis Father's Birthplace Keyser Md

Mother's Maiden Name Lena Clingan Mother's Birthplace W Va

Name of person giving Information L F Davis How related to deceased Father

CAUSES OF DEATH

152

Primary Prematurity How long 1 mo
Immediate Exhaustion How long 5 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr C P Owens
Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Fannon Donahue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Frostburg</i> ^{County} <i>Alleghany</i>		MARYLAND	
Date of death	1909	Month	Sept.
	Day	20	Age
	66	Years	Months
Sex	Female	Color or Race	White
Birth-place	Ireland		
Occupation	Housewife		
Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	William Donahue
Father's Name	John Fannon	Father's Birthplace	Ireland
Mother's Maiden Name	Anne Kenney	Mother's Birthplace	Ireland
Name of person giving information	William Donahue	How related to deceased	Husband

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	3 years.
Immediate	Endocarditis	How long	1 or 2 years.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. A. R. Walker.
		Address	Frostburg.
Accident or Suicide?	—		

F. F. Co.
Catholic Cemetery

Name
in
Full

Lizzie Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Alleghany ^{County} **MARYLAND**
 Date of death 1909 ^{Month} Sept. ^{Day} 29 ^{Years} 21 ^{Months} — ^{Days} —
 Sex Female Color or Race White Birth-place Ind
 Occupation Housework Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband None
 Father's Name Henry Duwall Father's Birthplace Virginia
 Mother's Maiden Name Ruth Seaton Mother's Birthplace Va
 Name of person giving Information Martha Duwall How related to deceased Sister

CAUSES OF DEATH

Primary Laryngeal diphtheria ^{How long} 6 days
 Immediate Asphyxia ^{How long} 24 hours
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician William R. Boardman
 Address 109 Virginia Ave
Cumberland
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Edmondson, Infants

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

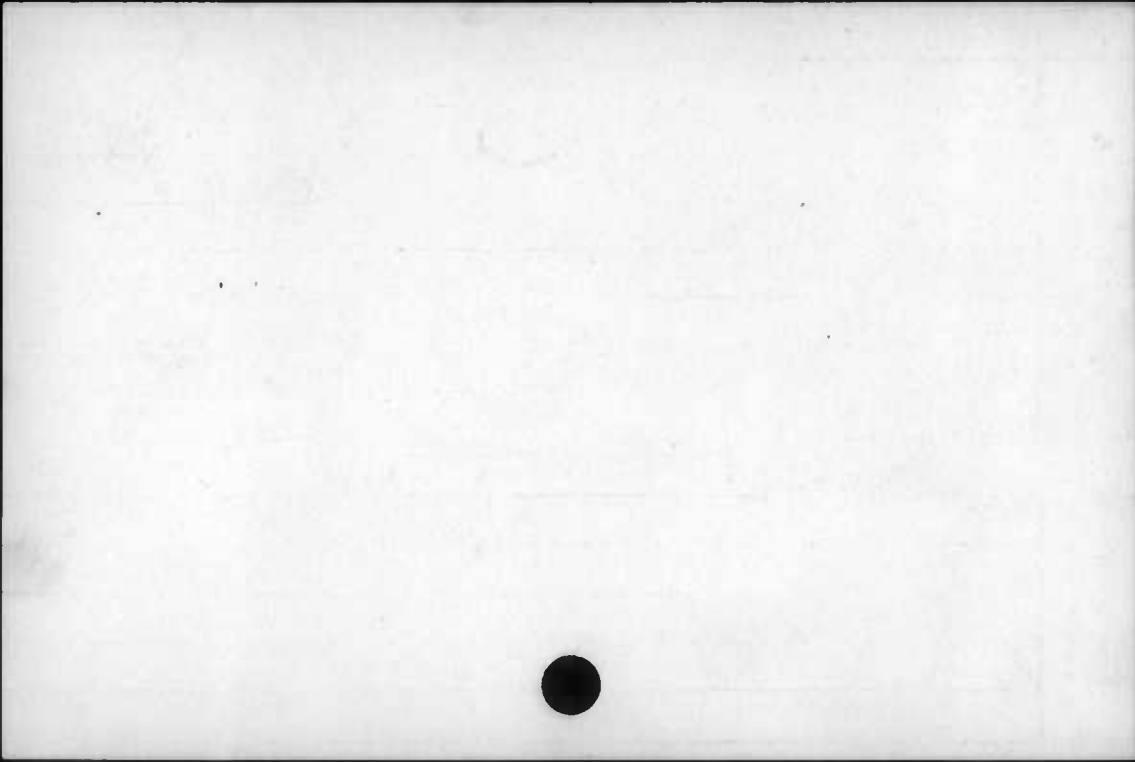
Died at		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>24</i>	Age Years		Months	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Robert Edmondson</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Ann H. Tolson</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth (Very weak child, abt 7 lbs)</i>	How long	<i>2 hr</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. L. Broadnax</i>	
		Address <i>Cumtland Maryland</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Michael Evans

Town

County

Near Cumberland

Allegheny

MARYLAND

Date
of death

1909

Month

Sept

Day

14

Age

51

Months

8.

Days

Sex

male

Color or
Reca

White

Birth-
place

W. Va

Occupation

Farmer

Where Residing if not
at place of death

—

Married, Single
or Widowed

married

Name of Wife or
Husband

Sidney Evans

Father's
Name

Edward Evans

Father's
Birthplace

W. Va

Mother's
Maiden Name

Fancy Burges

Mother's
Birthplace

W. Va

Name of person giving
Information

Sidney Evans

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Paralysis

How long

2 mo.

Immediate

Inhalation.

How long

3 mo.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

F. B. Barksdell.

Address

Cumberland.

Accident or Suicida

rd



Name
in
Full

CERTIFICATE OF DEATH

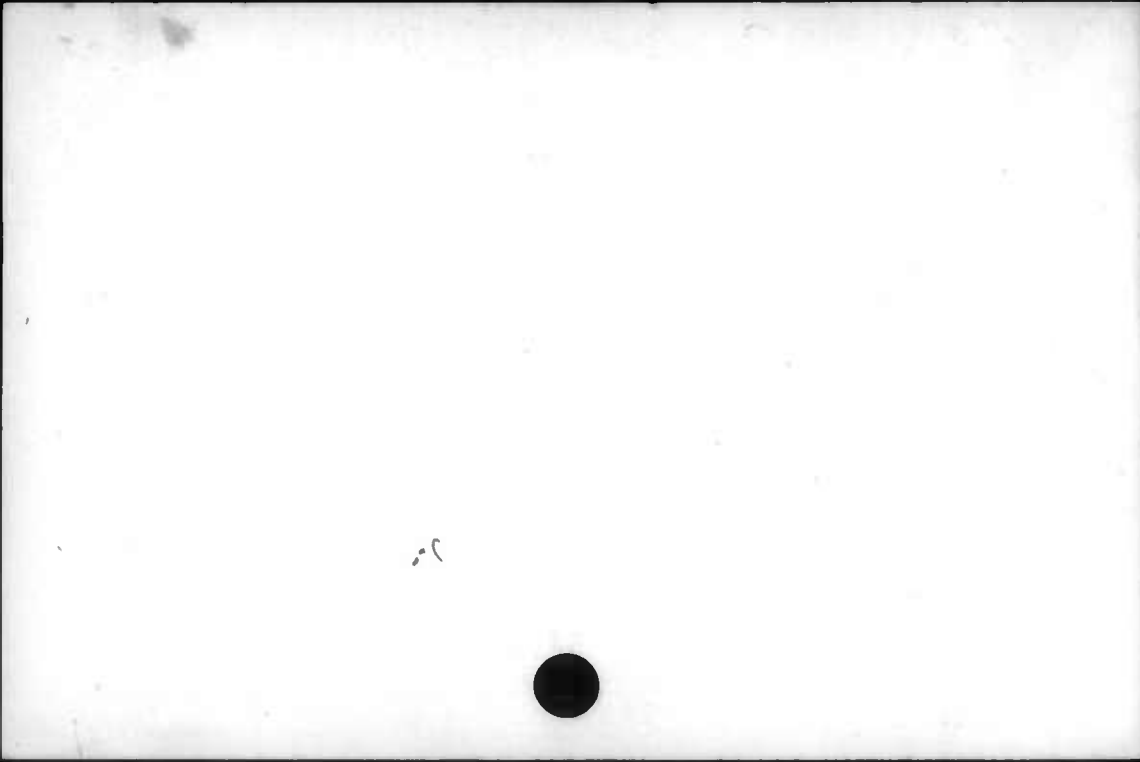
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full Thomas Fagenbaker		Town Korik Branch		County Allegheny		State MARYLAND	
Died at Korik Branch		Month Sept.		Day 8		Years 13	
Date of death 1909		Month Sept.		Day 8		Age 13	
Sex male		Color or Race White		Birth-place Pa		Months 5	
Occupation None		Where Residing if not at place of death Cresap St.		Days —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Thomas Will Fagenbaker		Father's Birthplace Ind					
Mother's Maiden Name Rebecca Green		Mother's Birthplace Ind					
Name of person giving Information Rebecca Fagenbaker		How related to deceased Mother					

CAUSES OF DEATH

166

Primary Cause One leg cut off and internal injuries	How long Immediately
Immediate Cause Ran over by B & O train	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John J. Dressman
Address Barton	Signature of Coroner John J. Dressman
Accident or Suicide? Accident	



Name
in
Full

Charles H. Feaga

CERTIFICATE OF DEATH

Died at

Cumberland

County

Allegheny

MARYLAND

Date
of death

1909 Sept.

Month

16

Day

Age

66

Years

Months

10

Days

22

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Railway Clerk

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Anna L. Feaga

Father's
Name

Philip Feaga

Father's
Birthplace

Frederick, Md.

Mother's
Maiden Name

Lucy Hoover

Mother's
Birthplace

Hagerstown

Name of person giving
Information

William J. Feaga

How related
to deceased

Son

CAUSES OF DEATH

66

Primary

Arteriosclerosis

How long

2 yrs

Immediate

Paralysis & exhaustion

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Feaga

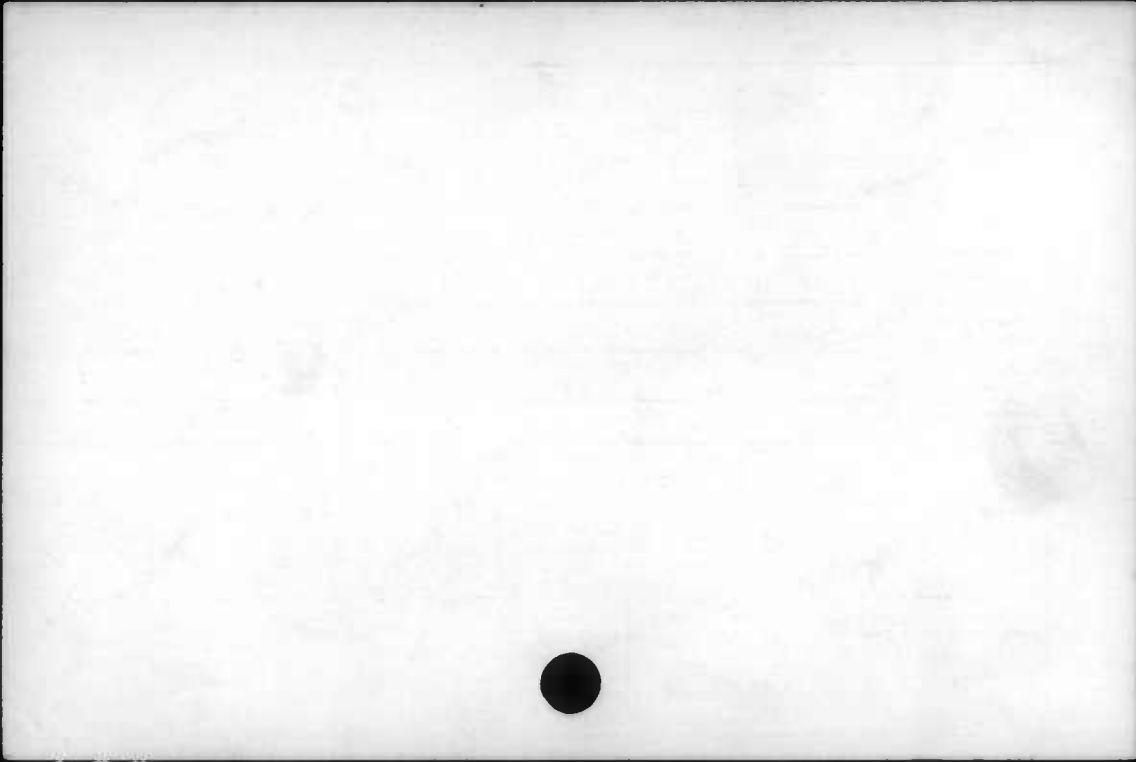
Address

Cumberland

Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo Gallaway* County *Cumberland* MARYLAND
Died at *Cumberland*
Date of death 1909 9 21 Age *Don't know* about 65 yrs
Sex *Male* Color or Race *White* Birth-place *U.S.A.*
Occupation *Labourer* Where Residing if not at place of death *near Oakland, Ind.*
Married, Single or Widowed *A. K.* Name of Wife or Husband *Don't know*
Father's Name *Don't know* Father's Birthplace *A. K.*
Mother's Maiden Name *Don't know* Mother's Birthplace *A. K.*
Name of person giving Information *Obtained from W. M. Hospital* How related to deceased *None*

PHYSICIAN
OR CORONER

CAUSES OF DEATH
Primary *From tripping & com. Senile Gangrene* How long *5 weeks*
Immediate *Exhaustion* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*
JCS Address *Cumberland, Ind*
Accident or Suicide *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Infant Gates* Town *Amherland* County *Alleg.*

Died at *Amherland* *Alleg.* MARYLAND

Date of death 1909 *Sept.* Month *23* Day Age *—* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *md.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Lloyd Gates* Father's Birthplace *Pa*

Mother's Maiden Name *Daisy Gearfuss* Mother's Birthplace *Pa*

Name of person giving Information *Anna Parsons* How related to deceased *None*

CAUSES OF DEATH

Primary *Premature Birth* How long *— 7 mos*

Immediate How long *—*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

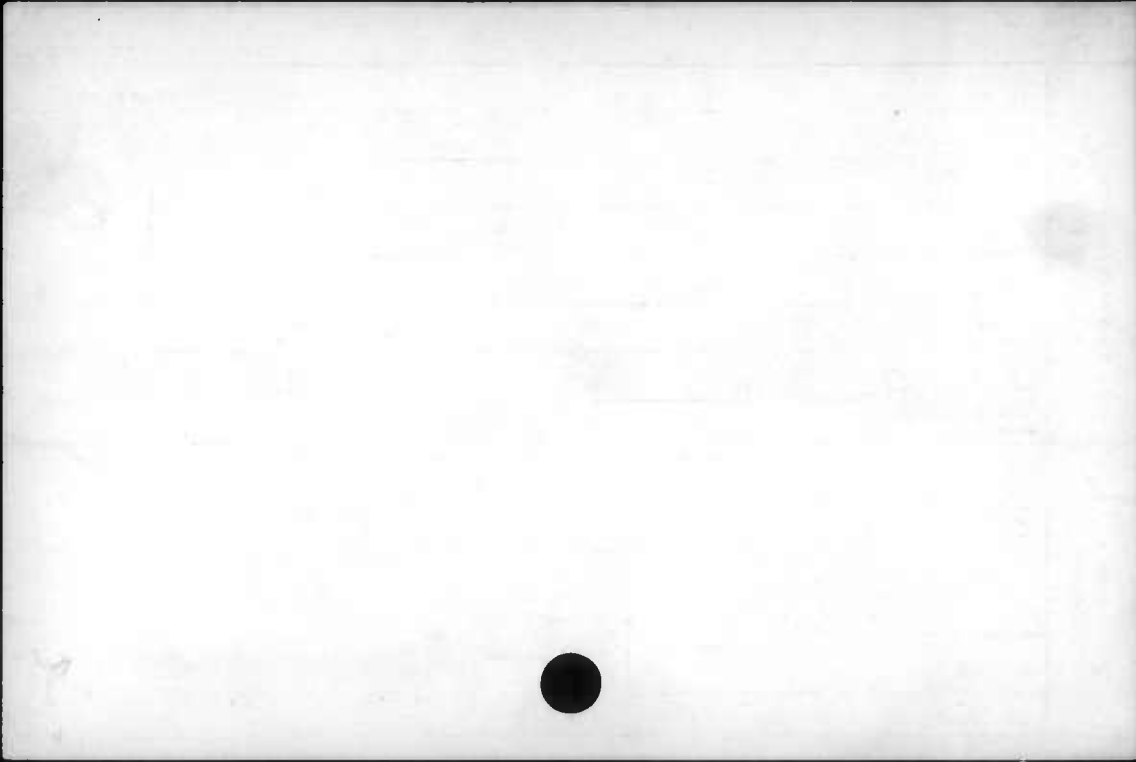
Signature of Physician

Address

E. B. Claybrook

Amherland

Accident or Suicide



Name in Full		Infant child of Paul Goldsworthy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town Lanvale		County Allegheny		MARYLAND	
		Died at					
		Date of death 1909 Sept		Day 28		Age 0	
		Month		Years		Months	
		Days					
TO BE ANSWERED BY PHYSICIAN OR CORONER		Sex male		Color or Race White		Birth-place Lanvale	
		Occupation None		Where Residing if not at place of death			
		Married, Single or Widowed Infant		Name of Wife or Husband			
		Father's Name Paul Goldsworthy		Father's Birthplace MD			
		Mother's Maiden Name Annie Helfrich		Mother's Birthplace MS			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving Information Paul Goldsworthy		How related to deceased Father			
		CAUSES OF DEATH					
		Primary Immature Birth		How long 38 Mo			
		Immediate Exhaustion		How long 2 hours			
		Are the name, age, sex, color, data and place correctly given above? Yes		Signature of Physician H. F. [Signature]			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Address		Address			
		Accident or Suicide		Address			



Name
in
Full

Stanley Karl

Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton Town Allegany County **MARYLAND**
 Date of death 1909 Sept 13 Month Day Age 1 Years 10 Months Days
 Sex male Color or Race white Birth-place Allegany Co
 Occupation L Where Residing if not at place of death L

Married, Single or Widowed L Name of Wife or Husband L

Father's Name Sansom Green
 Mother's Maiden Name Annie Anderson
 Name of person giving Information Sansom Green

Father's Birthplace Garnett Co, Md
 Mother's Birthplace Belford, Pa
 How related to deceased father

CAUSES OF DEATH

151

ten days

PHYSICIAN
OR CORONER

Primary Inanition

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. A. Boncher

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

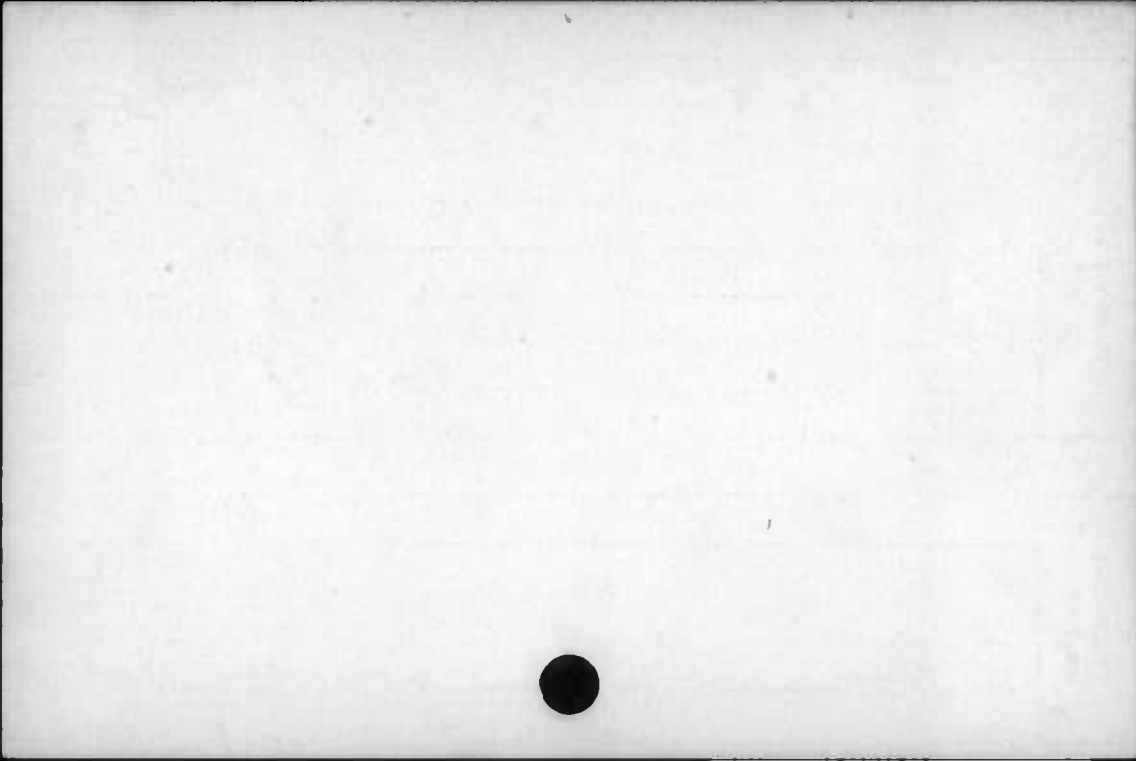
Died at <i>Pekin</i> Town		County <i>Allegheny</i>		MARYLAND			
Date of death	<i>1909</i>	Month <i>Sept</i>	Day <i>27</i>	Age <i>17</i>	Years <i>17</i>	Months <i>17</i>	Days <i>17</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pekin</i>
Occupation	<i>Miner</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Arthur Hamilton</i>					Father's Birthplace	<i>Scotland</i>
Mother's Maiden Name	<i>Annice Allerdie</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs Arthur Hamilton</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fractured ribs & Compound Fracture</i>		How long	<i>Suddenly</i>
Immediate	<i>Internal hemorrhage & shock</i>		How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. Q. Skilling</i>	
			Address <i>Linacorn</i>	
Accident or Suicide?		<i>Accident due to fall of coal in mine</i>		

164



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mt Pleasant* *allendale* **MARYLAND**

Date of death 1909 *9* *9* *7* Age *7* Months *7* Days

Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Non* Where Residing if not at place of death *MD*

Married, Single or Widowed *Single* Name of Wife or Husband *Non*

Father's Name *W T Handinger* Father's Birthplace *Pa*

Mother's Maiden Name *Oecis Tringby* Mother's Birthplace *Pa*

Name of person giving Information *W T Handinger* How related to deceased *Father*

CAUSES OF DEATH

Primary *Enterocolitis* How long *2 mos*

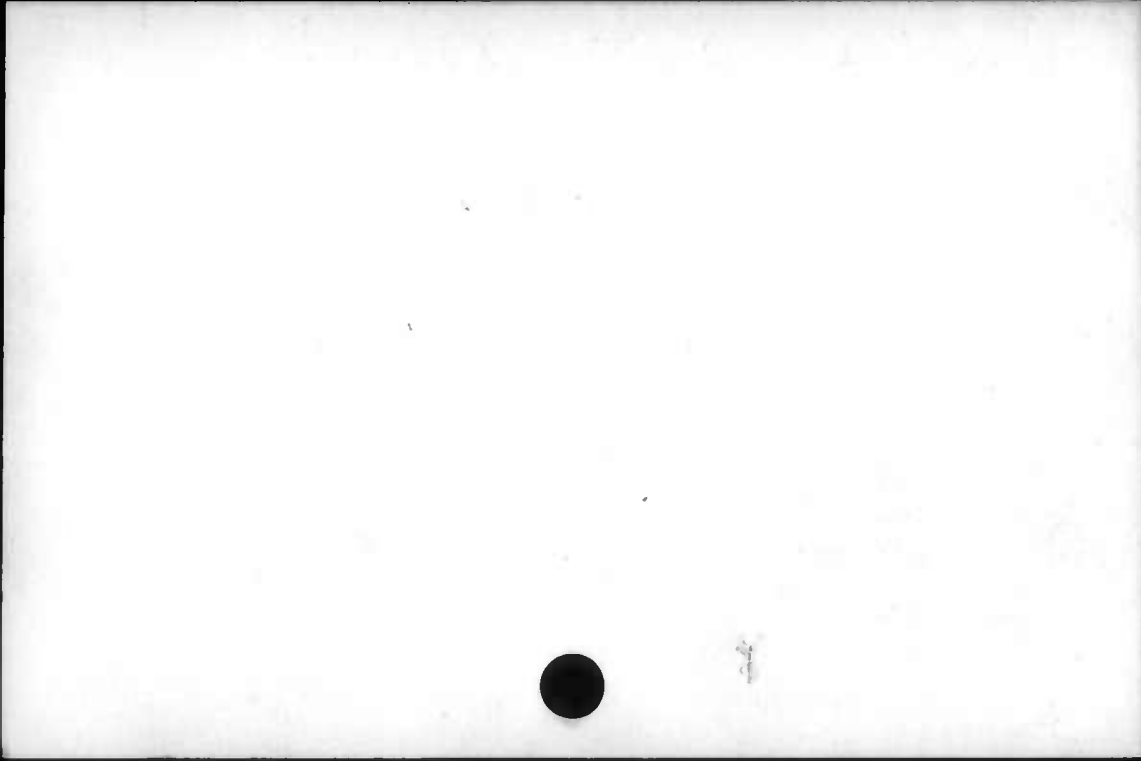
Immediate *Aspiration* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. G. Duggan*
Address *Cum gratia*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Lillian L Hinkle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Cumberland* ^{County} *Alleg.* **MARYLAND**
Date of death 1909 ^{Month} *Sept* ^{Day} *9* Age ^{Years} *4* ^{Months} *4* ^{Days} *20*
Sex *Female* Color or Race *White* Birth-place *Cummd*
Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Jessie H. Hinkle* Father's Birthplace *W. Va*
Mother's Maiden Name *Minnie Ours* Mother's Birthplace *W. Va*
Name of person giving Information *Jessie H. Hinkle* How related to deceased *Father*

CAUSES OF DEATH

Primary *Eutero Ophth* How long *105*
4 hours How long *2 mos.*
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Shas. H. Foster

Address

Cummd School

Ind

Accident or Suicide

16424

PHYSICIAN
OR CORONER

108 Thomas — Lt.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Johnson*
Died at *Chesapeake* *all*
Date of death *1908* *Sept* *29* Age *4* Months *3* Days
Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation _____
Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *Edward Johnson* Father's Birthplace *West Va*
Mother's Maiden Name *Eliza Taylor* Mother's Birthplace *West Va*
Name of person giving Information *Ed Johnson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid fever* How long *2 wks*
pneumonia How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

79 Colombia St

Name
in
Full

CERTIFICATE OF DEATH

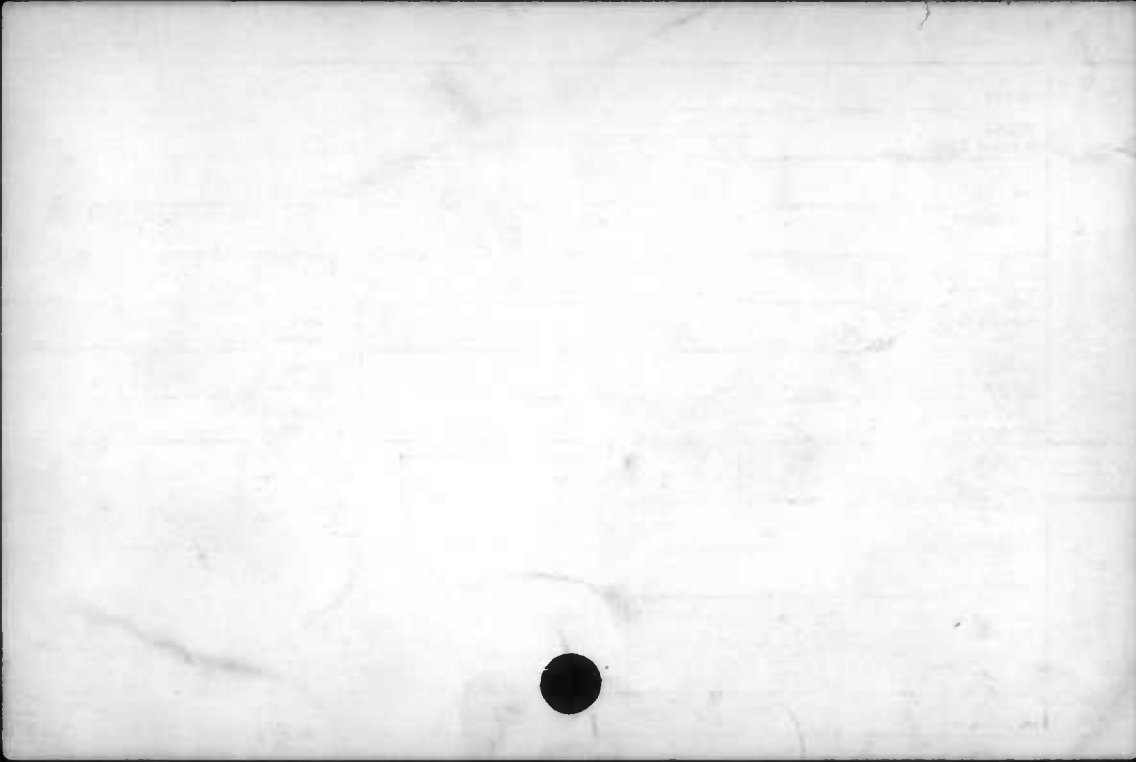
TO BE ANSWERED BY
NEAREST FRIEND

Still Born		Town		County		MARYLAND	
Died at		Frostburg		allegany			
Date	Month	Day	Age	Years	Months	Days	
1909	Sept	4					
Sex	male	Color or Race	white	Birth place	Frostburg Md		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Antonio Komatz				Father's Birthplace	Austria	
Mother's Maiden Name	Mattha Bollinger				Mother's Birthplace	Switzerland	
Name of person giving Information	(Mother)				How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	(S) X
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. Linsinger M. D.
		Address	Frostburg Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

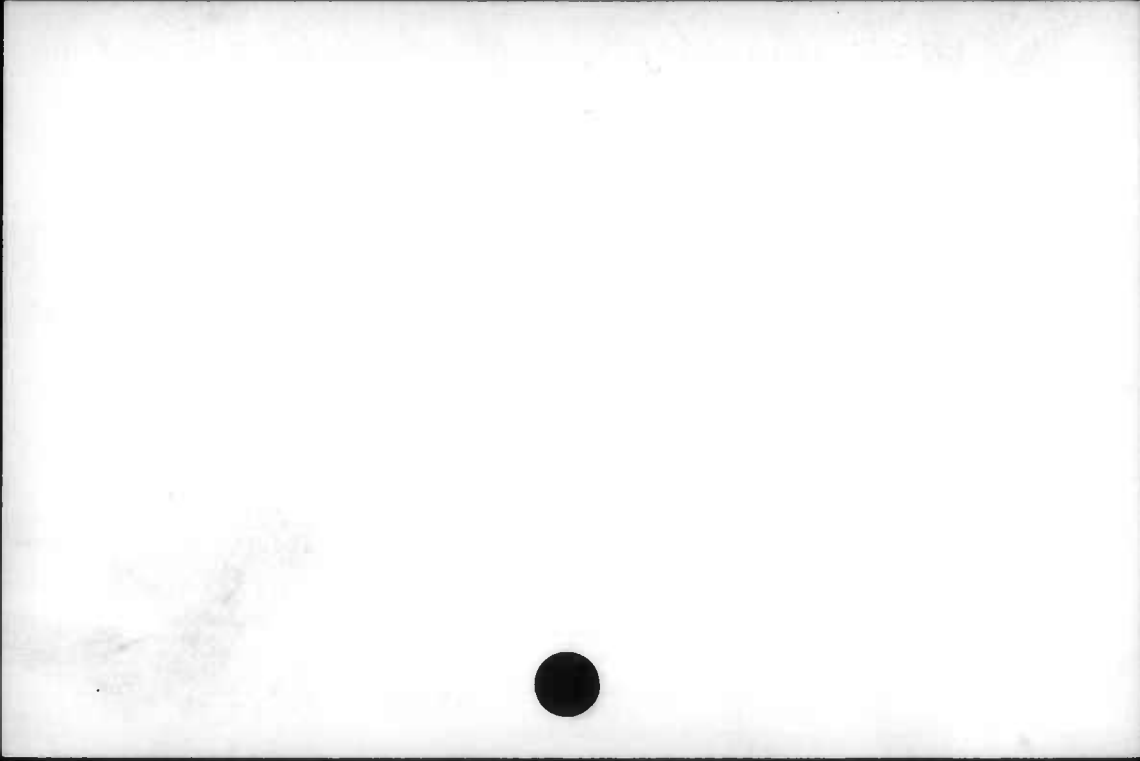
TO BE ANSWERED BY
NEAREST FRIEND

Jacob Kratz
Town **Cumberland** County **Alleghany**
Died at **Cumberland** **Alleghany** **MARYLAND**
Date of death **1909** **sep** **11** **Age** **53**
Sex **male** Color or Race **White** Birth-place **Baltimore**
Occupation **Insurance agent** Where Residing if not at place of death **Baltimore**
Married, Single or Widowed **married** Name of Wife or Husband **Annie Kratz**
Father's Name **John Kratz** Father's Birthplace **Germany**
Mother's Maiden Name **Catharine Schwartz** Mother's Birthplace **Germany**
Name of person giving Information **Annie Kratz** How related to deceased **Wife**

CAUSES OF DEATH

Primary **Cerebral Hemorrhage** How long **3 hours**
Immediate **Pressure from hemorrhage** How long **3 hours**
Are the name, age, sex, color, date and place correctly given above? **yes** Signature of Physician **W. R. Hodges M.D.**
Strain Address **Cumberland, Md.**
Accident or Suicide **Balto**

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born Child of Harmon Tashbaugh

Died at ^{Town} Allegany ^{County} Allegany MARYLAND

Date of death 1909 ^{Month} 9 ^{Day} 27 Age ^{Years} ^{Months} ^{Days} Still born

Sex ☒ Male ☐ Female Color or Race W Birth-place Md

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Harmon Tashbaugh Father's Birthplace Md

Mother's Maiden Name Julia A. Porter Mother's Birthplace Md

Name of person giving information Julia A. Tashbaugh How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

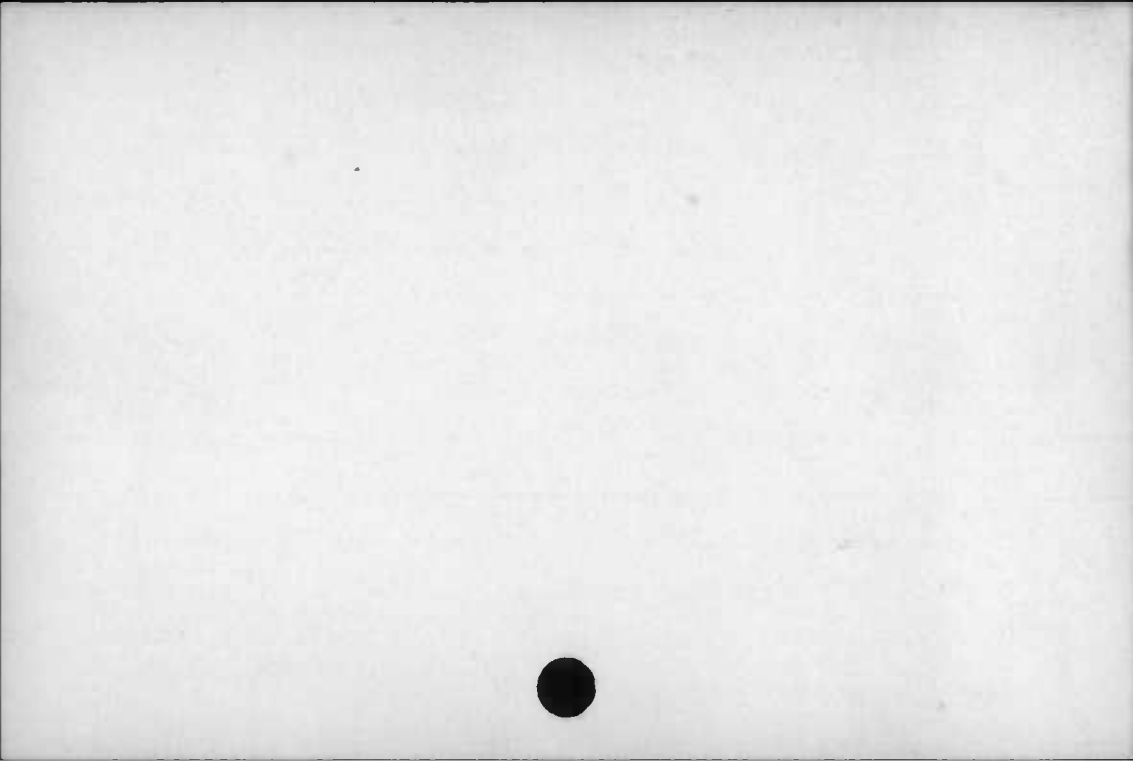
Primary Still born How long _____

Immediate Still born How long _____

Are the name, age, sex, color, date and place correctly given above? ☒ Yes ☐ No

Signature of Physician Dr. W. M. Lane Address W. M. Lane

Accident or Suicide? ☐ Yes ☒ No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Robert Lashley
 Died at *Int. Savage* Town *allegany* County
 Date of death *1909* *September* *14* Month Day Age
 Sex *male* Color or Race *white* Birthplace *Maryland*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

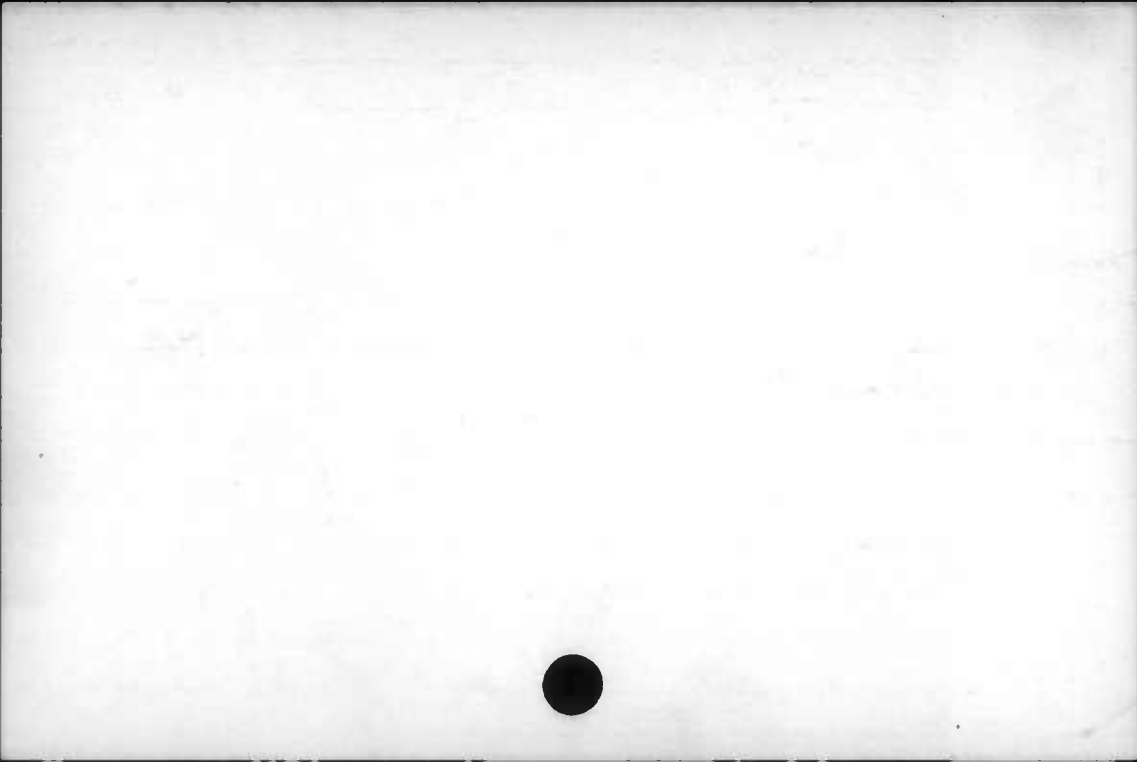
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Exhaust</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Month</small>	<i>Sept</i> <small>Day</small>	<i>28</i> <small>Age</small>	<i>22</i> <small>Years</small>	<i>1</i> <small>Months</small>
<i>26</i> <small>Days</small>		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ferttungsk</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Morris Lee</i>				
Father's Name <i>Thos. H. Sampson</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Mary Jane Jennings</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>Thos. H. Sampson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Chorea</i>	How long <i>a few weeks</i>
Immediate <i>Convulsions</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Cohen</i>
	Address <i>Ferttungsk</i>
Accident or Suicide? <i>No</i>	

Jacob Hahn.
Ante Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Meister* Town *near Cumberland* County *Alleg* MARYLAND

Died at *near Cumberland* Date of death 1909 *Sept* *21* Age *59* Month *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Boatbuilder* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Geo Meister* Father's Birthplace *Germany*

Mother's Maiden Name *Catherine Foster* Mother's Birthplace *Germany*

Name of person giving Information *Conrad Meister* How related to deceased *Bro*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Uremia* How long *Unknown*

Immediate *Exhaustion* How long *18 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*

Stem. Address *Cumberland, Md.*

Accident or Suicide *—*

Rose Ingels Glenwood Pa
Mary Sauer Broadford Pa
Katie Burkman City ~~Pa~~
Margaret Reith "
John & Conrad "

Name
in
Full

CERTIFICATE OF DEATH

Mary R. Metzger

Town

County

MARYLAND

Died at

Chamberland

Date

of death

1909

Month

9

Day

22

Age

Years

33

Months

6

Days

4

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

House Wif

Where Residing if not
at place of death

Chamberland

Married, Single
or Widowed

Married

Name of Wife or
Husband

Conrad Metzger

Father's
Name

Bernhard Shirey

Father's
Birthplace

Pa

Mother's
Maiden Name

Rachel Tamm

Mother's
Birthplace

Pa

Name of person giving
Information

Conrad Metzger

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

5 weeks

Immediate

Hemorrhages Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

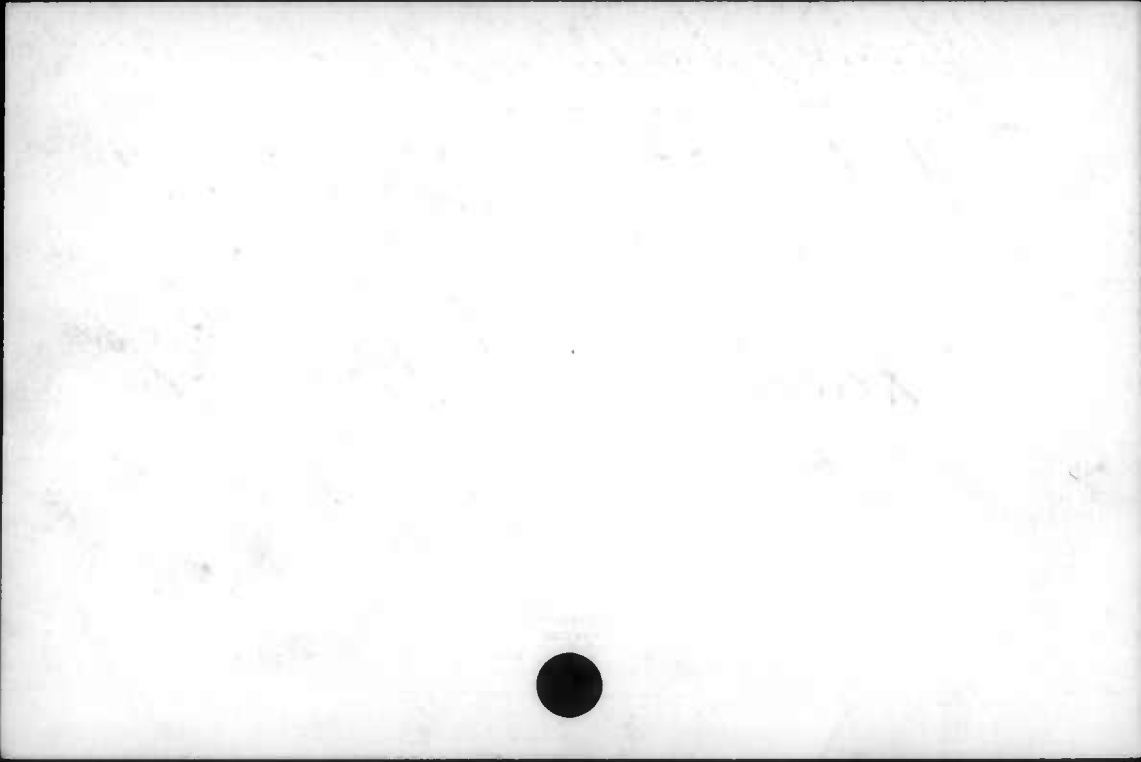
Address

Dr. J. A. Stein
Chamberland
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Agnes E. Muir*
Died at *Bolckers* Town *Alley* County
Date of death *1909 Sep 12* Month *12* Day *12* Age *6* Years *13* Months *13* Days
Sex *F* Color or Race *White* Birth-place *Essex, Md.*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Sampson Muir* Father's Birthplace *Md*
Mother's Maiden Name *Viola E. Williams* Mother's Birthplace *Md*
Name of person giving information *Sampson Muir* How related to deceased *father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro-Enteritis* How long *One month*
Immediate *Pneumonia* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. B. [illegible]*
Address *Therapy, Md*
Accident or Suicide? _____

J. F. + W. C.

Exhaust

Name
in
Full

Eugene Victor Nippenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sonsconing Town Alleybury County MARYLAND

Date of death 190 9 Month Sept Day 1 Age 1 Years 3 Months 7 Days

Sex male Color or Race white Birth-place Sonsconing

Occupation none Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Fred Nippenberg Father's Birthplace Learn?

Mother's Maiden Name Maria Ditchard Mother's Birthplace Sonsconing

Name of person giving Information Fred Nippenberg How related to deceased Father

CAUSES OF DEATH

How long 88 X one minute

Primary Inhaled Octagon Loaf powder, How long Short time

Immediate Larynxitis - Bronchitis How long 3 days

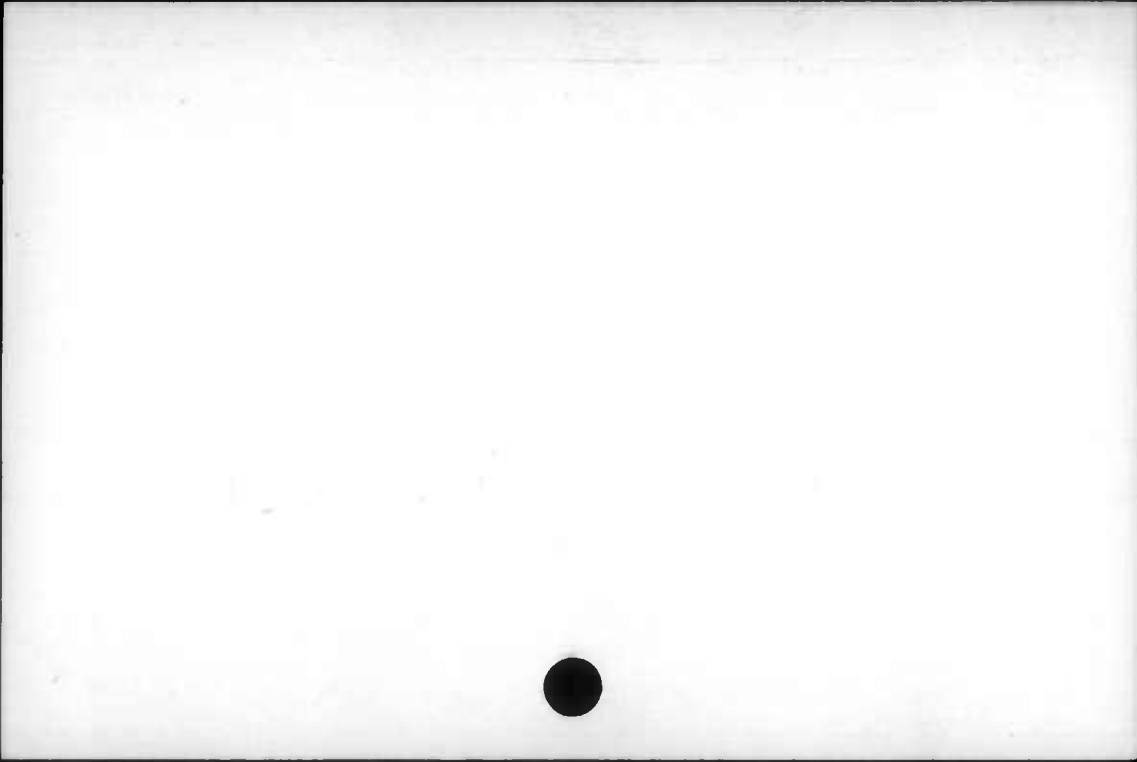
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James O. Bullock

Address Sonsconing Maryland

Accident no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Still born Child of John O'Malley*

Town *Frederick* County *Allegany* MARYLAND

Died at *Frederick*

Date of death *1909* Month *9* Day *16* Age *—* Years *—* Months *—* Days *—*

Sex *M.* Color or Race *W.* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John O'Malley* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Brodewick* Mother's Birthplace *Ind*

Name of person giving information *Elizabeth O'Malley* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Glenn Roland
Town *Cumberland* County *allergans* MARYLAND

Died at *Cumberland* *allergans* MARYLAND

Date of death 190 *9* *9* *17* Age *6* Months *9* Days *17*

Sex *Male* Color or Race *White* Birth-place *Flintstone*

Occupation *son* Where Residing if not at place of death *..*

Married, Single or Widowed *Single* Name of Wife or Husband *..*

Father's Name *John Roland* Father's Birthplace *Pa*

Mother's Maiden Name *Mella Robinson* Mother's Birthplace *md*

Name of person giving information *John Roland* How related to deceased *Father*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Streptococcal Infection of leg* *How long 3 days*

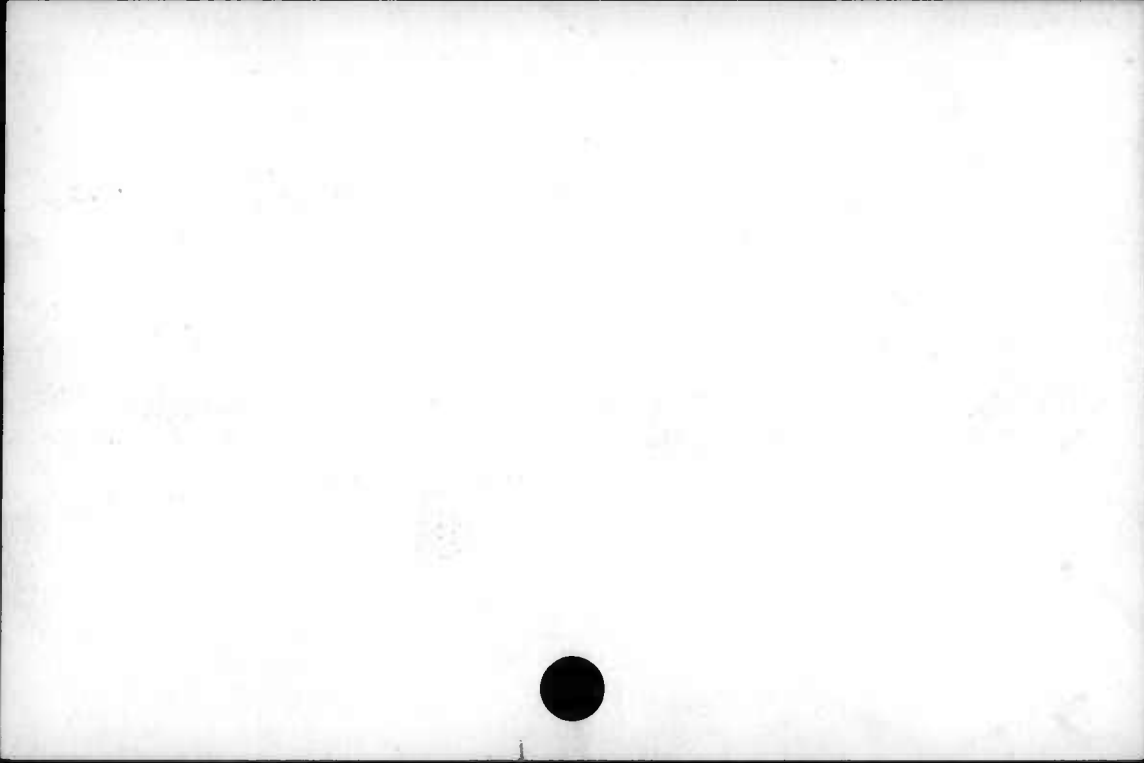
Septicemia *How long 1 week*

Immediate *yes*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. Geo. Franklin* Address *Cumberland md*

Accident or Suicide *Flintstone*



Name
in Full

Gertrude E. Schaidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

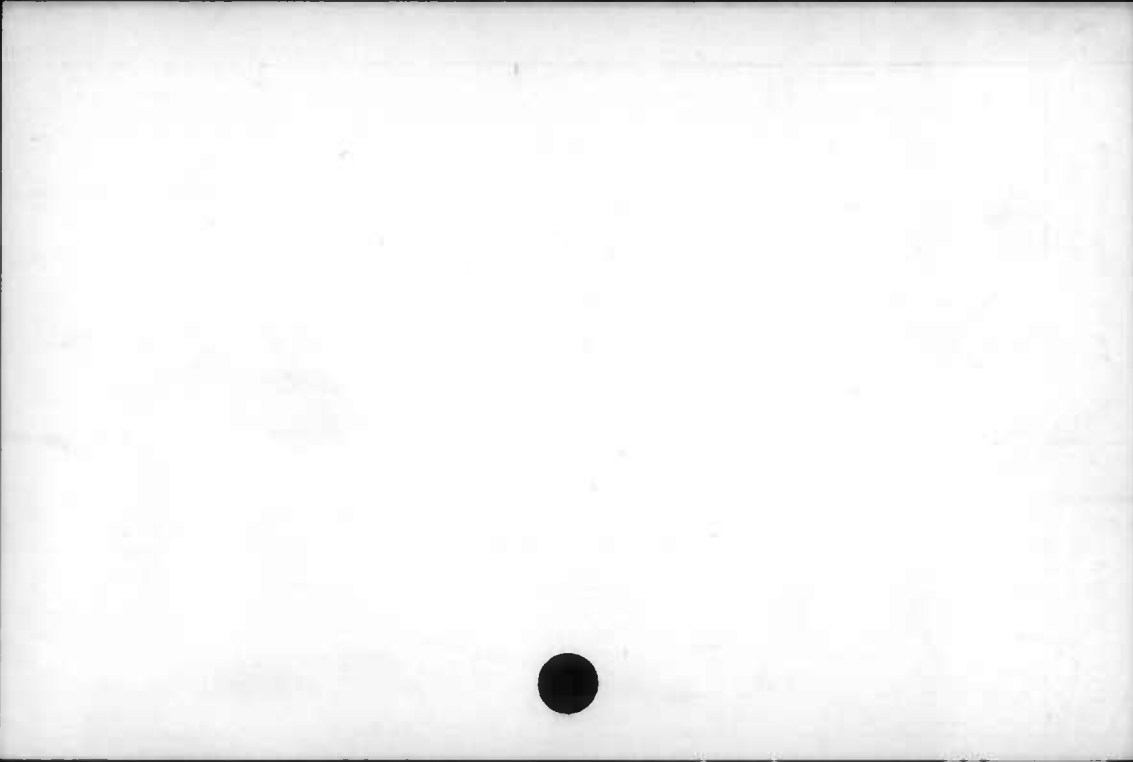
Died at		Town		County		MARYLAND	
Date of death		1909	Month	Day	Age	Years	Months
		Sept.	27	26			
Sex	Female	Color or Race	White		Birth-place	Cumberland	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
		Leander Schaidt					
Father's Name	Anthony Shriver				Father's Birthplace	Pa	
Mother's Maiden Name	Mary Herber				Mother's Birthplace	Germany	
Name of person giving Information	Leander Schaidt				How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	2 yrs
Immediate	4 hours		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
Steu.		E. B. Claybrook		
		Address		
		Cumberland		
Accident or Suicide				



Name
in
Full

Regena Elizabeth Sedars

CERTIFICATE OF DEATH

Died at

Cummbld

Alleg.

MARYLAND

Date

of death

1909

Month

Sept

Day

24

Age

Years

1

Months

1

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John Sedars

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth McKinzie

Mother's
Birthplace

Md

Name of person giving
Information

John Sedars

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

8 days

Immediate

Cerebral Meningitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Steele.

C L Owens MD

Cumberland

Accident or Suicide

Owens

Md

20 Penn Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Jacob Hunter Shinholt
Town County

Died at Cumberland assy

Date of death 1909 Sept 12 Age 48

Months 4 Days -

Sex Male Color or Race White Birth-place Va

Occupation Cooper Where Reaiding if not at place of death -

Married, Single or Widowed married Name of Wife or Husband Lulu

Father's Name Samuel Shinholt Father's Birthplace Va

Mother's Maiden Name Hannah Foreman Mother's Birthplace Va

Name of person giving Information Lulu Shinholt How related to deceased Wife

CAUSES OF DEATH

79

Primary Organic heart disease How long Several years

Immediate Acute cardiac dilatation How long One hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Wilson

Address Amblesland Md.

Stein

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

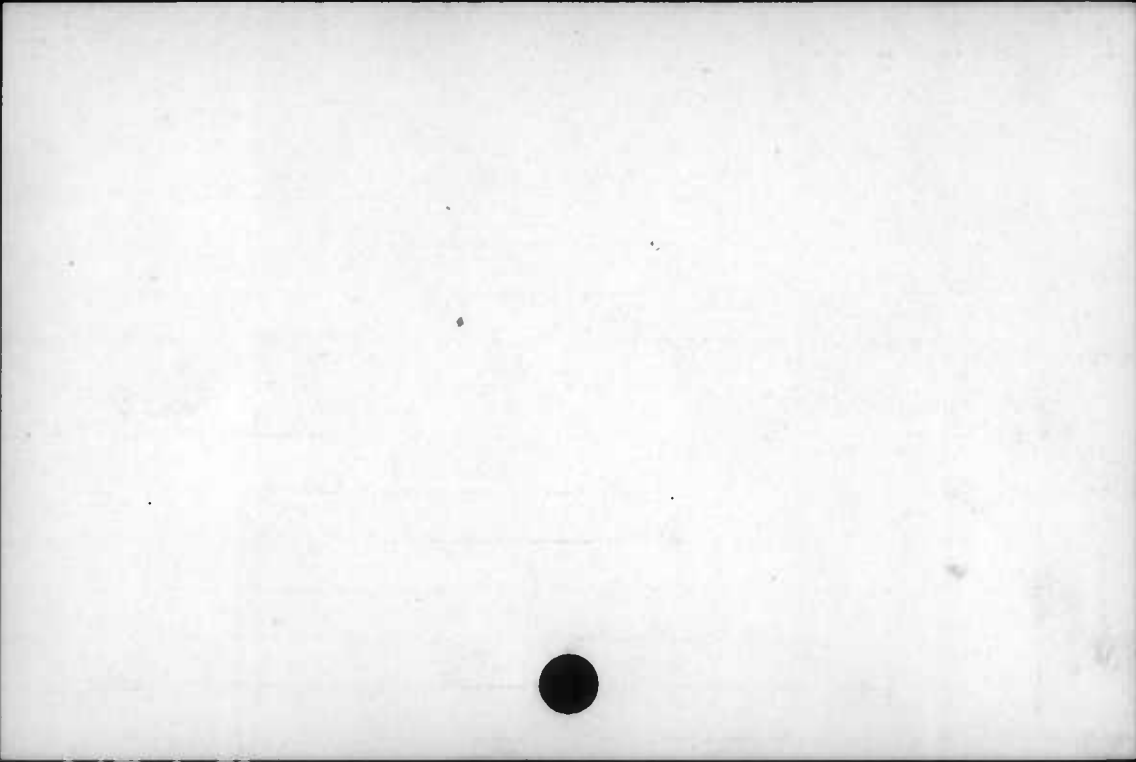
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept.</i>	Day <i>14</i>	Age <i>Years</i>	Months <i>Still born</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Walter Smith</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Clara Long</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Clara Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	<i>8</i> ^{How long}	<i>Full term</i>
Immediate	<i>—</i>	<i>—</i> ^{How long}	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. R. Hodges</i>	
		Address <i>Cumberland, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W Stevanus* Town *Ranlums* County *md* MARYLAND
 Died at *Ranlums* Month *9* Day *13* Years *17* Months *1* Days *5*
 Date of death *1909 9 13* Age *17*
 Sex *male* Color or Race *white* Birth-place *Springs Pa*
 Occupation *Farmer* Where Residing if not at place of death *Ranlums*
 Married, Single or Widowed *Single* Name of Wife or Husband *none*
 Father's Name *J J Stevanus* Father's Birthplace *Springs Pa*
 Mother's Maiden Name *Rebecca Kiefer* Mother's Birthplace *Pa*
 Name of person giving Information *E. H. Blauleh* How related to deceased *none*

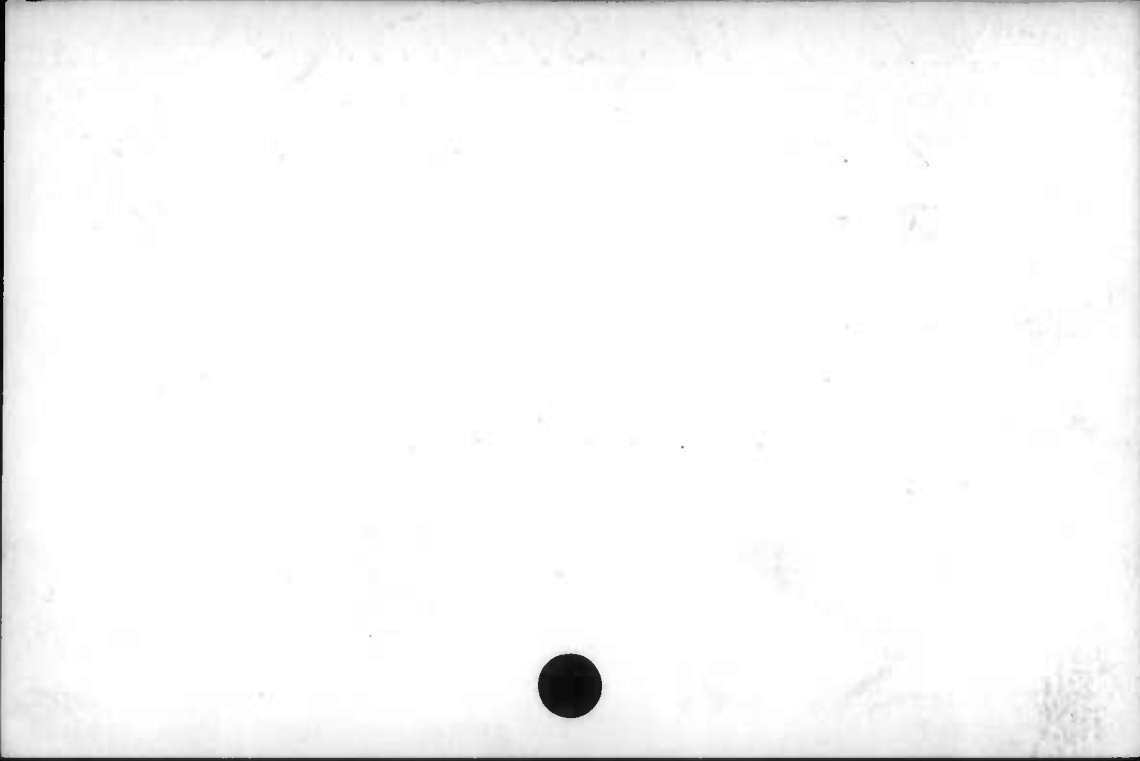
CAUSES OF DEATH

166
How long

PHYSICIAN
OR CORONER

Primary *Body was ground into small fragments under train*
 Immediate *Run over by B & O train*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *Coroner*
 Address *John J. Dreasman*

Accident or Suicide *Accident*



Name
in
Full

Anna Catharine Strube

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	1909	Month	Sept	Day	9
Age	41	Months	6	Days	6
Sex	Female	Color or Race	white	Birthplace	Frostburg Md
Occupation	House work		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Christopher Strube			Father's Birthplace	Germany
Mother's Maiden Name	Elizabeth Roeder			Mother's Birthplace	Germany
Name of person giving Information	J. C. Youngerman			How related to deceased	Brother in Law

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Congestion of lung & pleurated & Bowel ulcerated</i>		How long	<i>Con of lung 4 days</i>
Immediate	<i>Hemorrhage & Subsequent</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		<i>G. L. Linsinger M. D.</i>		
		Address		
		<i>Frostburg Md</i>		
Accident or Suicide				

J. H. Allen

Name
in
Full

Mrs Christina Elizabeth Tribut

CERTIFICATE OF DEATH

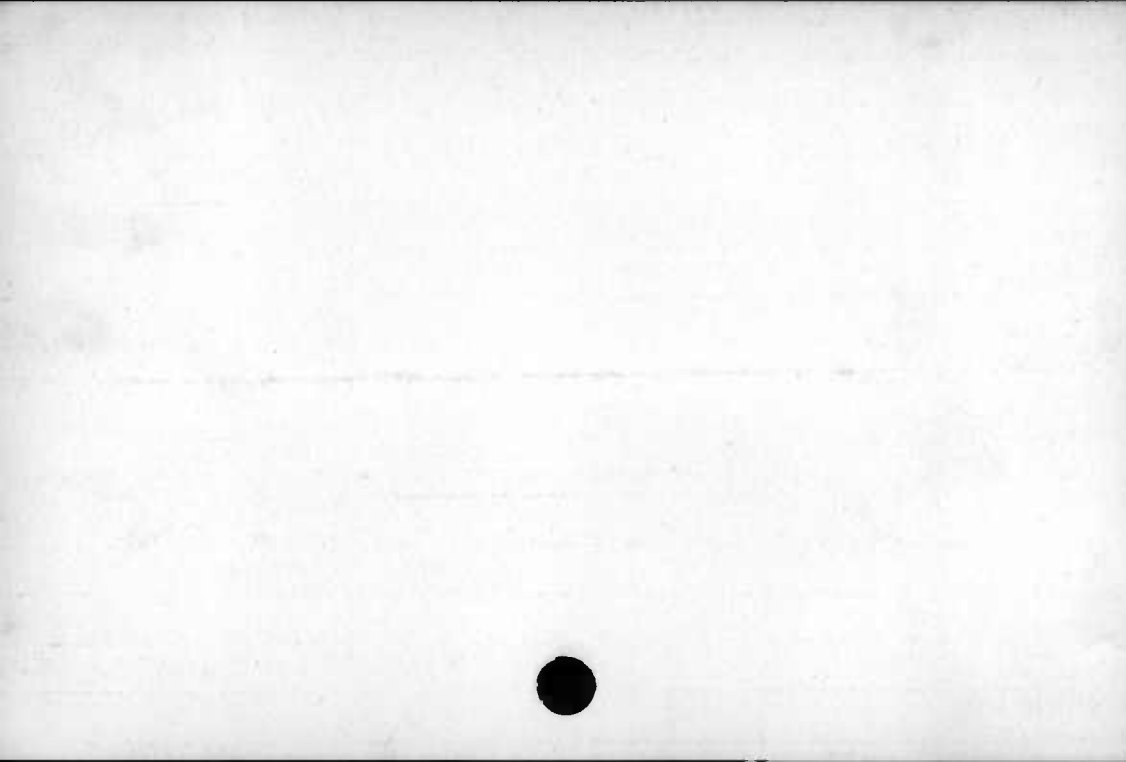
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	<u>1909</u>	Month	<u>Sept</u>	Day	<u>19</u>
Age		<u>69</u>	Years	Months	<u>10</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Germany</u>
Occupation		<u>Housewife</u>		Where Residing If not at place of death	
<u>Barton</u>					
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband			
<u>August Tribut</u>					
Father's Name	<u>John Langlotz</u>		Father's Birthplace		
		<u>Germany</u>			
Mother's Maiden Name			Mother's Birthplace		
		<u>Germany</u>			
Name of person giving information		<u>John Tribut</u>		How related to deceased	
		<u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cardiac weakness</u>	How long	<u>(18)</u>
Immediate	<u>General Anasarca</u>	How long	<u>One Year</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. H. Gamm M.D.</u>	
		Address	
		<u>Barton - Md.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Levin White

Town

County

MARYLAND

Died at

Cumberland alley

Date

of death

1909

Sept

16

Age

22

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

R.R. Employee

Where Residing If not
at place of death

md Ave.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Name

Father's
Name

A. M. White

Father's
Birthplace

Va

Mother's
Maiden Name

Sarah E. Carpenter

Mother's
Birthplace

Va

Name of person giving
Information

A. M. White

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid - fever

How long

Five days

Immediate

Perforation & peritonitis

How long

12 hours

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

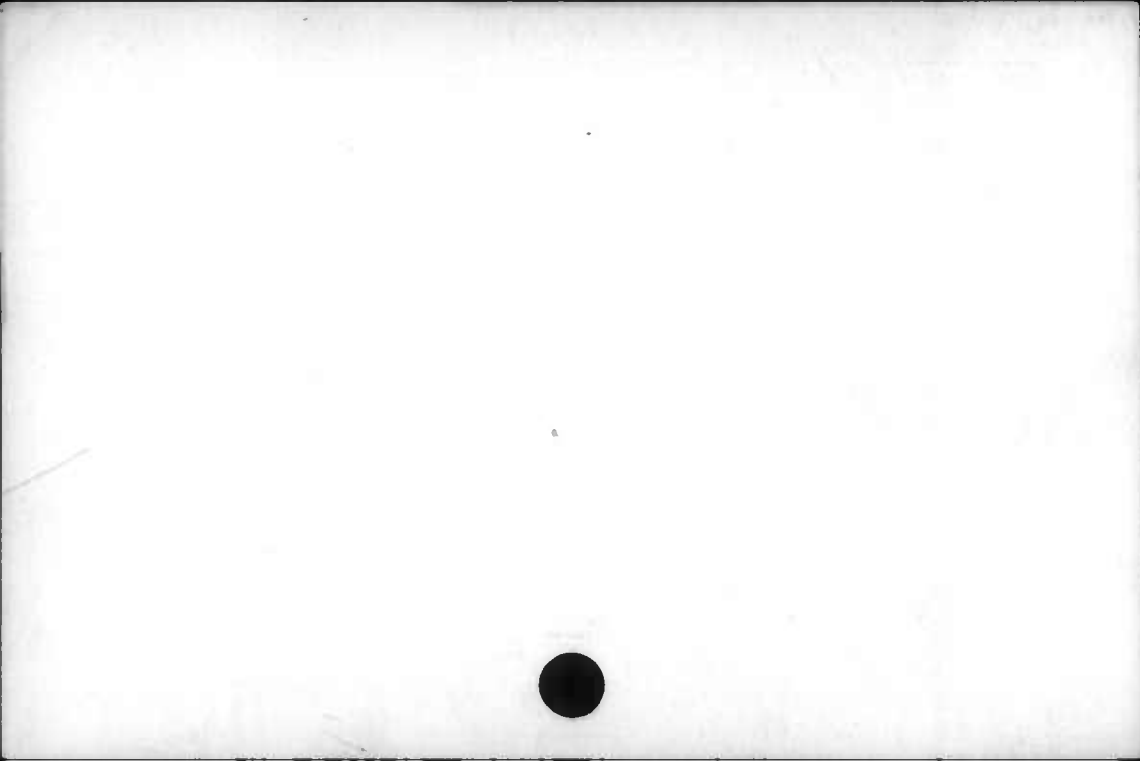
W. R. Hodges

Address

Cumberland, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Wilson

Town

County

MARYLAND

Died at

Lonacony

Allegheny

Date

Month

Day

Years

Months

Days

of death

1909

Sept

22

Age

2

4

8

Sex

Female

Color or
Race

White

Birth-
place

Lonacony

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thomas Wilson

Father's
Birthplace

Scotland

Mother's
Maiden Name

Margaret Pollock

Mother's
Birthplace

Scotland

Name of person giving
Information

Mrs. Thomas Wilson

How related
to deceased

Mother

CAUSES OF DEATH

61

Primary

Spinal Meningitis
Exhaustion

How long

3 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry M. Hodgson M.D.

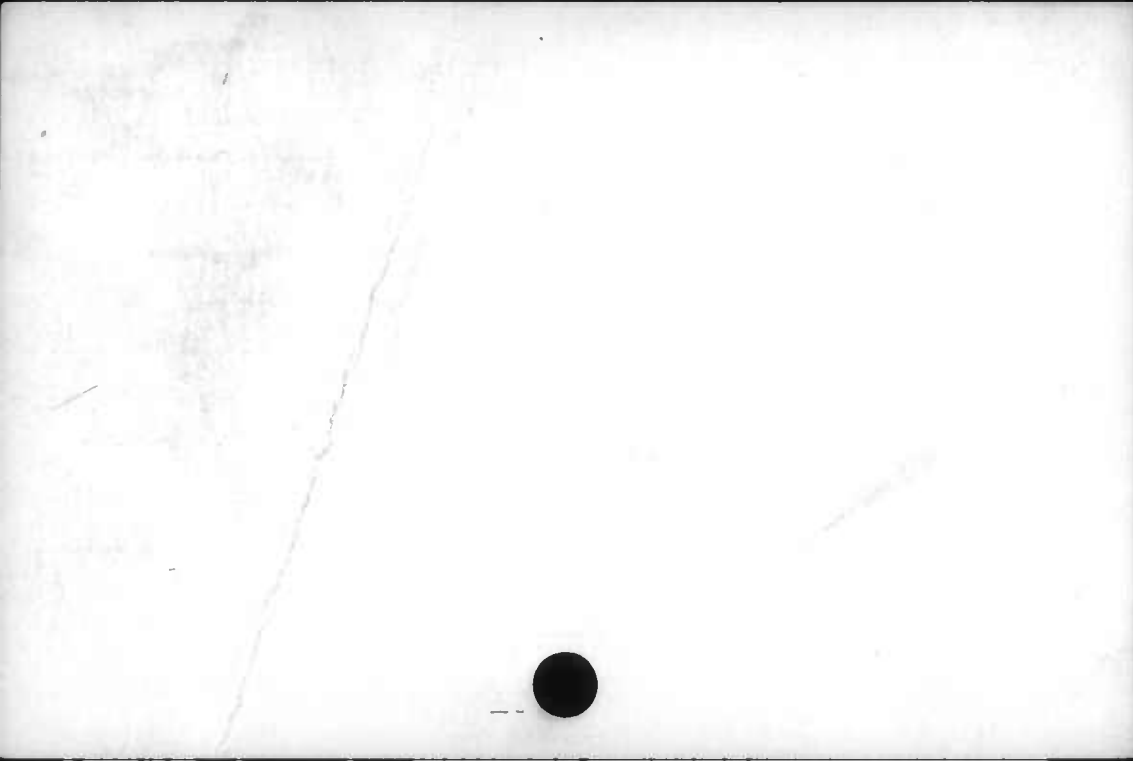
Address

Lonacony, Ind

PHYSICIAN
OR CORONER

Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

Ray Wilson,

TO BE ANSWERED BY
NEAREST FRIEND

Diad at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	27	19		6	—
Sex	Male		Color or Race	White		Birth-place	
Occupation	Student		Where Residing if not at place of daath		—		
Marriad, Single or Widowed	Single		Name of Wifa or Husband		None		
Father's Name	Oliver S Wilson				Father's Birthplace	Flintstone	
Mothar's Maiden Name	Emma Fisher				Mother's Birthplace	Md	
Name of paraon giving Information	O. S. Wilson				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 weeks
Immediate	Unknown, sudden collapse		How long	20 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Baltimore Md		
Accident or Suicide				

